

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | |
|---------------------------------|--------------------------------|
| SERIAL NO. <i>09/699,448</i> | FILING DATE <i>10-26-00</i> |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | | | |
| 6 | | | | | | |
| 7 | | 1 | | | | |
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| 20 | | 1 | | | | |
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| 22 | 1 | | | | | |
| 23 | | 1 | | | | |
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| 37 | | 1 | | | | |
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| 39 | | 1 | | | | |
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| 41 | | 1 | | | | |
| 42 | 1 | | | | | |
| 43 | 1 | | | | | |
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| 46 | | 1 | | | | |
| 47 | | 1 | | | | |
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| 50 | | 1 | | | | |
| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 44 | | | | | |
| TOTAL CLAIMS | 50 | | | | | |

| IND. | DEP. | IND. | DEP. | IND. | DEP. |
|-----------------|------|------|------|------|------|
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| 100 | | | | | |
| TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | |